CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 20 - 20 = 0 x \$52,00 \$0.00  INDEP. CLAIMS 2 - 3 = 0 x \$220.00 \$0.00  Multiple Dependent Claims (check if applicable) \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013  Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: October 26, 2009  Leopold Pressey, Esq. Registration (No. 19827 Scully, Scott, Murphy & Presser, P.C. 400 Garden City, New York 11530 Garden City, New York 11530 (Date)  Thereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Justical class mail in an envelope addressed to "Commissioner for Fatents, P.O. Box 1450, Alexandria, V.V. 22313-1450" [37 CFB 1.8(a)] on (Date)	AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Jochen Beck, et al.					Docket No. 19357			
Invention:    COMMISSIONER FOR PATENTS:   COMMISSIONER FOR PATENTS:	Application No.	Filing Date	Examiner		Customer No.	Group Art Unit	Confirmation No.		
COMMISSIONER FOR PATENTS:   Transmitted herewith is an amendment in the above-identified application.									
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    CLAIMS REMAINING									
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CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE  TOTAL CLAIMS 20 - 20 = 0 x \$52.00 \$0.00  INDEP. CLAIMS 2 - 3 = 0 x \$220.00 \$0.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  **No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.17. Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  **WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Dated: October 26, 2009  **Independent Claims (check if applicable)  **Independent Claims (check if applicable)  **Da	Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.								
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Customer No. 23389  Signature of Person Mailing Correspondence	□ A check in the amount of to cover the filing fee is enclosed.  □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013  □ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: October 26, 2009  □ Leopold Pressey, Esq. Registration No. 19827 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (S16) 742-4343 LP:bk Customer No. 23389								
CC:  Typed or Printed Name of Person Mailing Correspondence									